SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOR LINE NUMB	ER: PAGE	E 10 OF
Use separate schedule(s)	(check only one)	check only one)	
for each category of the Detailed Summary Page	X 11a 111	b 11c	12
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Full Name (Last, First, Middle Initial)	
Mailing Address 5822 Nevada Avenue, NW City State Zip	
·	Date of Receipt M
Dakota Drug, Inc. Receipt For: Primary General Other (specify) ▼ President/CEO Aggregate Year-to-	Date ▼ 1000.00
Full Name (Last, First, Middle Initial) Mailing Address City State Zip FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Aggregate Year-to-	Date of Receipt M M M / D D / Y Y Y Y Y Y Code Amount of Each Receipt this Period Date ▼
SUBTOTAL of Receipts This Page (optional)	1100.00